

2007
Massachusetts
Schedule HC
Health Care

Instructions

Schedule HC

Health Care Information

As a result of the new health care reform law, most Massachusetts residents age 18 and over are required to have health insurance, if it is affordable for them. Those who cannot show that they had health insurance by December 31, 2007 may lose their personal exemption. Schedule HC, Health Care Information, must be completed by all full-year residents to determine the amount of their personal exemption. Schedule HC must also be completed by taxpayers who moved into Massachusetts on or before October 30, 2007 and were part-year residents as of December 31, 2007.

More information about the new health care reform law and how to purchase affordable health insurance is available at the Commonwealth Health Insurance Connector Authority's website at www.mahealthconnector.org.

If you have health insurance, you only need to complete page 1 of Schedule HC using the information from Form MA 1099-HC issued to you by your health insurance carrier. You should be issued Form MA 1099-HC no later than January 31. After completing page 1 of this schedule and entering your personal exemption amount on Form 1 or Form 1-NR/PY, you should continue completing your tax return.

If you do not have health insurance you must complete line 1 and the appropriate information on page 2 of Schedule HC.

Line 1. Health Insurance

If you (and/or your spouse if married filing a joint return) had health insurance as of December 31, 2007, fill in the Yes oval(s) in line 1 and complete lines 2 or 3, whichever is appropriate.

If you are filing a joint return, and one spouse answers Yes but the other answers No, the spouse who answers Yes must complete lines 2 or 3, whichever is appropriate, and the spouse who answers No must go to line 4a on page 2 of Schedule HC.

If you (and your spouse if married filing a joint return) do not have health insurance, fill in the No oval(s) in line 1 and go to line 4a on page 2 of Schedule HC.

Important Information for Late 2007 Applicants for Young Adult Plans, Commonwealth Care and MassHealth

If you were enrolled in a Young Adult Plan with coverage effective as of January 1, 2008, fill in the Yes oval(s) in line 1 and complete line 2. If you were enrolled in Commonwealth Care with coverage effective as of January 1, 2008, fill in the Yes oval(s) in line 1 and complete line 3a. If you applied for MassHealth in December 2007, fill in the Yes oval(s) in line 1 and complete line 3b.

Note: The Department of Revenue will verify whether you were ultimately found eligible for MassHealth. If you were found ineligible for MassHealth, your return will be adjusted without the benefit of your personal exemption and you will be billed accordingly.

Line 2. Private Health Insurance

If you (and/or your spouse if married filing a joint return) have health insurance from a private insurer, such as coverage provided by your employer or purchased on your own, complete Part(s) 1 and/or 2, using the information from Form MA 1099-HC, Individual Mandate Massachusetts Health Care Coverage. **Form MA 1099-HC will be issued to you by your health insurance carrier, no later than January 31.**

Note: Certain taxpayers may not have been issued Form MA 1099-HC, for example, a taxpayer with an out-of-state or out-of-country health insurance carrier. If you were not issued a Form MA 1099-HC by your health insurance carrier, only enter the name of your insurance company or administrator and subscriber/policy number, as shown on your insurance card, in line 2, Part(s) 1 and/or 2. Also, be sure to fill in the oval(s). If your health insurance carrier is located in Massachusetts and you did not receive Form MA 1099-HC or you lost Form MA 1099-HC, contact the Customer Service Department of your insurance carrier to obtain the necessary information.

Coverage provided by government programs, such as Medicare, is not considered private health insurance.

Note: Your spouse's subscriber number may appear first in the "Dependent" section of Form MA 1099-HC. Also, students and other dependents may be reported on the Form MA 1099-HC of the primary policyholder.

Line 3. Government-Subsidized Health Insurance

If you (and/or your spouse if married filing a joint return) have government-subsidized health insurance, such as Commonwealth Care, Medicare, MassHealth or Veterans Administration Program Enrollment, fill in the appropriate oval. Government-

subsidized health insurance is generally available to individuals who meet certain age, income or disability criteria.

"Other" includes government-administered plans such as: Fishing Partnership Health Plan; TRICARE; or Massachusetts Division of Unemployment Assistance Medical Security Program. If you filled in the "Other" oval, be sure to enter the name of the provider where indicated.

Note: Generally, employees or retirees of the federal, state or local government have private health insurance and should complete line 2.

Also, government-subsidized health insurance does **not** include services provided to individuals who have received access to care through the Health Safety Net Trust Fund (previously known as the "Uncompensated Care Pool" or "Free Care" Pool).

Important: Schedule HC is **complete** if you (and your spouse if married filing a joint return) answered Yes in line 1 **and** filled out the information in line 2 and/or line 3. Skip the remainder of Schedule HC and enter one of the following amounts in line 2a of Form 1 or line 4a of Form 1-NR/PY: \$4,125 if single or married filing a separate return; \$6,375 if head of household; or \$8,250 if married filing a joint return. Skip the remainder of Schedule HC and **continue** completing your Form 1 or Form 1-NR/PY.

Lines 4a through 6c only apply to taxpayers without health insurance.

If married filing a joint return and one spouse answered Yes in line 1 but the other spouse answered No in line 1, only the spouse who answered No must answer the following questions.

Line 4. Religious Exemption

Line 4a. A religious exemption is available for anyone who has a sincere religious belief that is the basis of refusal to obtain and maintain health insurance coverage. Fill in the Yes oval(s) if you (and/or your spouse if married filing a joint return) are claiming a religious exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs.

If you (and/or your spouse if married filing a joint return) answer Yes, go to line 4b. If you (and your spouse if married filing a joint return) answer No, go to line 5.

Line 4b. If you (or your spouse if married filing a joint return) are claiming the religious exemption but you (or your spouse if married filing a joint return) received medical health care during tax year 2007, such as, treatment during an emergency room visit, you may not be entitled to your personal exemption if it is determined that you could have afforded health insurance.

Medical health care **excludes** certain treatments such as preventive dental care, certain eye examinations and vaccinations. It also excludes a physical examination when required by a third party, such as a prospective employer. For additional information, see Department of Revenue regulation 830 CMR 111M.2.1, Health Insurance Individual Mandate; Personal Income Tax Return Requirements, available on the department's website at www.mass.gov/dor.

If you (and your spouse if married filing a joint return) answer No to line 4b, enter one of the following amounts on line 2a of Form 1 or line 4a of Form 1-NR/PY: \$4,125 if single or married filing a separate return; \$6,375 if head of household; or \$8,250 if married filing a joint return. Skip the remainder of Schedule HC and continue completing your tax return.

If you are filing a joint return and one spouse either has health insurance or answers No to line 4b but the other spouse answers Yes to line 4b, the spouse who answered Yes must go to line 5.

If both answers are Yes to line 4b, go to line 5.

Line 5. Certificate of Exemption

The Commonwealth Health Insurance Connector Authority provided certificates of exemption to qualified taxpayers who applied in 2007.

If you (and your spouse if married filing a joint return) have a "Certificate of Exemption" issued by the Commonwealth Health Insurance Connector Authority stating that no Connector health plan is affordable, fill in the Yes oval(s) in line 5 of Schedule HC and enter the certificate number(s) in the space(s) provided. Also, enter one of the following amounts on line 2a of Form 1 or line 4a of Form 1-NR/PY: \$4,125 if single or married filing a separate return; \$6,375 if head of household; or \$8,250 if married filing a joint return. Skip the remainder of Schedule HC and continue completing your tax return.

If you are filing a joint return and one spouse answers Yes to line 5 but the other spouse answers No to line 5, the spouse who answered Yes must enter the certificate number and the spouse who answered No must go to line 6a.

If you (and your spouse if married filing a joint return) answered No to line 5, go to line 6a.

For more information about Certificates of Exemption, visit the Commonwealth Health Insurance Connector Authority's website at www.mahealthconnector.org.

Line 6. Affordability As Determined By State Guidelines

Taxpayers who did not have health insurance as of December 31, 2007 **will only lose their personal exemption if they had access to affordable health insurance**. The following pages contain the worksheets and tables to determine the monthly health insurance premium amount that you should have been able to afford. To complete these worksheets, you will need to have your completed 2007 U.S. Form 1040, 1040A or 1040EZ. You also will need to know how much it would have cost you to enroll in any health insurance plan offered by an employer in 2007. An employer's Human Resources Department should be able to provide this amount to you.

Note: Check out the easy-to-use online versions of the worksheets on DOR's website at www.mass.gov/dor.

If an employer offered health insurance, complete the Schedule HC Worksheet for Line 6a.

If an employer did not offer health insurance or offered health insurance that was not affordable for you (as determined by the Schedule HC Worksheet for Line 6a), complete the Schedule HC Worksheet for Lines 6b and 6c.

Even though you may be deemed able to afford health insurance based on an affordability table in line(s) 6a, 6b or 6c, you may believe that you cannot afford health insurance because you experienced a hardship. If you experienced a hardship during 2007, see Schedule HC-A.

Important Health Insurance Information

Complete the Schedule HC worksheet(s) only if you (and/or your spouse if married filing a joint return) answered No to questions 1, 4a and 5 Schedule HC.

If married filing jointly and one spouse answers No to questions 1, 4a and 5, the spouse who answered No must complete the Schedule HC worksheet(s). In that instance, be sure to complete the worksheet using married filing jointly amounts.

Note: Same-sex spouses filing a Massachusetts joint return should combine their income figures from their separate U.S. returns.

Schedule HC Worksheet for Line 6a

Complete the following worksheet **only** if you (or your spouse if married filing jointly) were eligible for insurance offered by an employer in 2007 that covered you, and your spouse and dependent children, if any. This worksheet will determine if you could afford the health insurance offered by an employer in 2007. If an employer did **not** offer health insurance that covered you, and your spouse and dependent children, if any, or if you were not eligible for insurance offered by an employer, skip this worksheet and complete the Schedule HC Worksheet for Line 6b.

If an employer offers you free health insurance coverage (the employer's Human Resources Department should be able to provide this information to you), you are deemed able to afford health insurance and are subject to the loss of your personal exemption. Fill in the Yes oval in line 6a for yourself (and your spouse, if applicable, if married filing a joint return) and go to line 7b.

1. Enter your federal adjusted gross income (from U.S. Form 1040, line 37, Form 1040A, line 21 or Form 1040EZ, line 4). . . . _____

If line 1 is less than or equal to:

- \$15,315 if single or married filing a separate return;
- \$20,535 if married filing a joint return with no dependents; or
- \$25,755 if head of household or married filing a joint return with one or more dependents, you are deemed unable to pay for health insurance. Fill in the No oval in line 6a for yourself (and your spouse, if applicable, if married filing a joint return). Also, skip the remainder of this worksheet and go to the following Schedule HC Worksheet for Lines 6b and 6c on page HC-5.

If line 1 is more than:

- \$50,000 if single or married filing a separate return;
- \$80,000 if married filing a joint return with no dependents; or
- \$110,000 if head of household or married filing a joint return with one or more dependents, you are deemed able to afford health insurance and are subject to the loss of your personal exemption. Fill in the Yes oval in line 6a for yourself (and your spouse, if applicable, if married filing a joint return) and go to line 7b.

If line 1 is:

- more than \$15,315 but less than or equal to \$50,000 if single or married filing a separate return;
- more than \$20,535 but less than or equal to \$80,000 if married filing a joint return with no dependents; or
- more than \$25,755 but less than or equal to \$110,000 if head of household or married filing a joint return with one or more dependents, go to line 2.

2. Enter the monthly premium that corresponds with your income range (from line 1 of worksheet) and filing status from Table 1: Affordability on page HC-6. To find this amount, look at the row for your income range in col. a of the appropriate table based on your filing status and go to col. b to find the monthly premium amount _____

3. Enter the lowest monthly premium cost of health insurance that would cover you, and your spouse and dependent children, if any, offered to you in 2007 through an employer. The employer's Human Resources Department should be able to provide this amount to you _____

Note: If you declined employer sponsored health insurance, the monthly premium amount may be found on the Health Insurance Responsibility Disclosure Form (HIRD) you should have received from your employer.

If line 3 is less than or equal to line 2, you are deemed able to afford health insurance and are subject to the loss of your personal exemption. Fill in the Yes oval in line 6a for yourself (and your spouse, if applicable, if married filing a joint return) and go to line 7b.

If line 3 is greater than line 2, an employer did not offer you affordable health insurance. Fill in the No oval in line 6a for yourself (and your spouse, if applicable, if married filing a joint return) and complete the following Schedule HC Worksheet for Line 6b on page HC-5.

Note: Same-sex spouses filing a Massachusetts joint return should combine their income figures from their separate U.S. returns.

Schedule HC Worksheet for Line 6b: Eligibility for Government-Subsidized Health Insurance

Complete the following worksheet only if an employer did not offer health insurance or did not offer health insurance that you could afford, as determined in the Schedule HC Worksheet for Line 6a. This worksheet will determine if you are eligible for government-subsidized health insurance or could not afford private health insurance.

1. Enter your income before adjustments (from U.S. Form 1040, line 22, Form 1040A, line 15 or Form 1040EZ, line 4)

2. Enter the amount from the Income column, based on your family size (do not include dependent children age 19 or older in your family size), from the table to the right

If line 1 is greater than line 2, or

- you are not a citizen or an alien legally residing in the U.S., **or**
- an employer offers to pay more than 20% of a family plan or 33% of an individual plan (the employer's Human Resources Department should be able to provide this information to you), **or**
- you applied for MassHealth or Commonwealth Care in 2007 and were denied,

you are deemed ineligible for government-subsidized health insurance. Fill in the No oval in line 6b for yourself (and your spouse, if applicable, if married filing a joint return) and go to line 6c to determine if you are eligible for private health insurance.

If line 1 is less than or equal to line 2 and

- you are a citizen or an alien legally residing in the U.S. **and**
- an employer does **not** offer to pay more than 20% of a family plan or 33% of an individual plan (the employer's Human Resources Department should be able to provide this information to you),

you would have been deemed eligible for government-subsidized health insurance, which you did not obtain. You are subject to the loss of your personal exemption. Fill in the Yes oval in line 6b for yourself (and your spouse, if applicable, if married filing a joint return) and go to line 7b.

Table of Income at 300% of the Federal Poverty Level

Family size*	Income
1	\$ 30,636
2	\$ 41,076
3	\$ 51,516
4	\$ 61,956
5	\$ 72,396
6	\$ 82,836
7	\$ 93,276
8	\$103,716
9	\$114,156
10	\$124,596
11	\$135,036
12	\$145,476
13	\$155,916

*For family size over 13, add \$10,440 for each additional family member (do not include dependent children age 19 or older in your family size).

Schedule HC Worksheet for Line 6c: Affordability of Private Health Insurance

Complete the following worksheet only if you (or your spouse if married filing jointly) were deemed ineligible for government-subsidized health insurance, as determined in the Schedule HC Worksheet for Line 6b. This worksheet will determine if you could not afford private health insurance.

1. Enter your federal adjusted gross income (from U.S. Form 1040, line 37, Form 1040A, line 21 or Form 1040EZ, line 4).

2. Enter the monthly premium that corresponds with your county of residency (see page HC-7 in the Schedule HC instructions if you do not know what county you live in), age (if married filing a joint return, use the age of the older spouse) and filing status from Table 2: Premiums on page HC-6.

Look at the table that corresponds to your county of residency and go to the row for your age range and then go to the column based on your filing status to find the monthly premium amount

3. Enter the monthly premium that corresponds with your income range (from line 1 of worksheet) and filing status from Table 1: Affordability on page HC-6. To find this amount, look at the row for your income range in col. a of the appropriate table based on your filing status and go to col. b to find the monthly premium amount

If line 2 is less than or equal to line 3, you are deemed able to afford health insurance and are subject to the loss of your personal exemption. Fill in the Yes oval in line 6c for yourself (and your spouse, if applicable, if married filing a joint return) and go to line 7b.

If line 2 is greater than line 3, you are deemed unable to afford health insurance and **not** subject to the loss of your personal exemption. Fill in the No oval in line 6c for yourself (and your spouse, if applicable, if married filing a joint return) and enter one of the following amounts in line 2a of Form 1 or line 4a of Form 1-NR/PY: \$4,125 if single or married filing a separate return; \$6,375 if head of household; or \$8,250 if married filing a joint return. **Continue** completing your tax return.

Table 1: Affordability

Individual or married filing separately		
a. Federal adjusted gross income		b. Monthly premium
From	To	
\$ 0	\$15,315	\$ 0
\$15,316	\$20,420	\$ 35
\$20,421	\$25,525	\$ 70
\$25,526	\$30,630	\$105
\$30,631	\$35,000	\$150
\$35,001	\$40,000	\$200
\$40,001	\$50,000	\$300
\$50,001	Any individual with an annual income over \$50,000 is deemed to be able to afford health insurance.	

Married filing jointly (no dependents)		
a. Federal adjusted gross income		b. Monthly premium
From	To	
\$ 0	\$20,535	\$ 0
\$20,536	\$27,380	\$ 70
\$27,381	\$34,225	\$140
\$34,226	\$41,070	\$210
\$41,071	\$50,000	\$270
\$50,001	\$60,000	\$360
\$60,001	\$80,000	\$500
\$80,001	Any couple with an annual income over \$80,000 is deemed to be able to afford health insurance.	

Head of household or married filing jointly (1 or more dependents)		
a. Federal adjusted gross income		b. Monthly premium
From	To	
\$ 0	\$ 25,755	\$ 0
\$25,756	\$ 34,340	\$ 70
\$34,341	\$ 42,925	\$140
\$42,926	\$ 51,510	\$210
\$51,511	\$ 70,000	\$320
\$70,001	\$ 90,000	\$500
\$90,001	\$110,000	\$720
\$110,001	Any family with an annual income over \$110,000 is deemed to be able to afford health insurance.	

Table 2: Premiums

Region 1. Berkshire, Franklin and Hampshire Counties			
Age	Individual*	Married couple (no dependents)	Family**
0–26	\$150	\$300	\$ 720
27–29	\$210	\$420	\$ 720
30–34	\$225	\$450	\$ 800
35–39	\$240	\$480	\$ 820
40–44	\$260	\$520	\$ 830
45–49	\$285	\$570	\$ 830
50–54	\$370	\$740	\$ 900
55–59	\$380	\$760	\$1,030
60+	\$380	\$760	\$1,240

Region 2. Bristol, Essex, Hampden, Middlesex, Norfolk, Suffolk and Worcester Counties			
Age	Individual*	Married couple (no dependents)	Family**
0–26	\$150	\$300	\$ 570
27–29	\$185	\$370	\$ 570
30–34	\$185	\$370	\$ 760
35–39	\$185	\$370	\$ 750
40–44	\$235	\$470	\$ 750
45–49	\$235	\$470	\$ 780
50–54	\$280	\$560	\$ 880
55–59	\$370	\$740	\$1,020
60+	\$370	\$740	\$1,130

Region 3. Barnstable, Dukes, Nantucket and Plymouth Counties			
Age	Individual*	Married couple (no dependents)	Family**
0–26	\$150	\$300	\$ 750
27–29	\$210	\$420	\$ 750
30–34	\$220	\$440	\$ 800
35–39	\$260	\$520	\$ 850
40–44	\$300	\$600	\$ 820
45–49	\$355	\$710	\$ 820
50–54	\$410	\$820	\$ 890
55–59	\$410	\$820	\$1,020
60+	\$410	\$820	\$1,230

*Includes married filing separately.

**Head of household or married couple with dependent(s).

Important Health Insurance Information

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Municipality	County	Municipality	County	Municipality	County	Municipality	County
Abington	Plymouth	Edgartown	Dukes	Medway	Norfolk	Seekonk	Bristol
Acton	Middlesex	Egremont	Berkshire	Melrose	Middlesex	Sharon	Norfolk
Acushnet	Bristol	Erving	Franklin	Mendon	Worcester	Sheffield	Berkshire
Adams	Berkshire	Essex	Essex	Merrimac	Essex	Shelburne	Franklin
Agawam	Hampden	Everett	Middlesex	Methuen	Essex	Sherborn	Middlesex
Aiford	Berkshire	Fairhaven	Bristol	Middleborough	Plymouth	Shirley	Middlesex
Amesbury	Essex	Fall River	Bristol	Middlefield	Hampshire	Shrewsbury	Worcester
Amherst	Hampshire	Falmouth	Barnstable	Middleton	Essex	Shutesbury	Franklin
Andover	Worcester	Fitchburg	Worcester	Milford	Worcester	Somerset	Bristol
Arlington	Middlesex	Florida	Berkshire	Millbury	Worcester	Somerville	Middlesex
Ashburnham	Worcester	Foxborough	Norfolk	Millis	Norfolk	South Hadley	Hampshire
Ashby	Middlesex	Framingham	Middlesex	Millville	Worcester	Southampton	Hampshire
Ashfield	Franklin	Franklin	Norfolk	Milton	Norfolk	Southborough	Worcester
Ashland	Middlesex	Freetown	Bristol	Monroe	Franklin	Southbridge	Worcester
Athol	Worcester	Gardner	Worcester	Monson	Hampden	Southwick	Hampden
Attleboro	Bristol	Gay Head	Dukes	Montague	Franklin	Spencer	Worcester
Auburn	Worcester	Georgetown	Essex	Monterey	Berkshire	Springfield	Hampden
Avon	Norfolk	Gill	Franklin	Montgomery	Hampden	Sterling	Worcester
Ayer	Middlesex	Gloucester	Essex	Mount Washington	Berkshire	Stockbridge	Berkshire
Barnstable	Barnstable	Goshen	Hampshire	Nahant	Essex	Stoneham	Middlesex
Barre	Worcester	Gosnold	Dukes	Nantucket	Nantucket	Stoughton	Norfolk
Becket	Berkshire	Grafton	Worcester	Natick	Middlesex	Stow	Middlesex
Bedford	Middlesex	Granby	Hampshire	Needham	Norfolk	Sturbridge	Worcester
Belchertown	Hampshire	Granville	Hampden	New Ashford	Berkshire	Sudbury	Middlesex
Bellingham	Norfolk	Great Barrington	Berkshire	New Bedford	Bristol	Sunderland	Franklin
Belmont	Middlesex	Greenfield	Franklin	New Braintree	Worcester	Sutton	Worcester
Berkley	Bristol	Groton	Middlesex	New Marlborough	Berkshire	Swampscott	Essex
Berlin	Worcester	Groveland	Essex	New Salem	Franklin	Swansea	Bristol
Bernardston	Franklin	Hadley	Hampshire	Newbury	Essex	Taunton	Bristol
Beverly	Essex	Halifax	Plymouth	Newburyport	Essex	Templeton	Worcester
Billerica	Middlesex	Hamilton	Essex	Newton	Middlesex	Tewksbury	Middlesex
Blackstone	Worcester	Hampden	Hampden	Norfolk	Norfolk	Tisbury	Dukes
Blandford	Hampden	Hancock	Berkshire	North Adams	Berkshire	Tolland	Hampden
Bolton	Worcester	Hanover	Plymouth	North Andover	Essex	Topsfield	Essex
Boston	Suffolk	Hanson	Plymouth	North Attleborough	Bristol	Townsend	Middlesex
Bourne	Barnstable	Hardwick	Worcester	North Brookfield	Worcester	Truro	Barnstable
Boxborough	Middlesex	Harvard	Worcester	North Reading	Middlesex	Tyngsborough	Middlesex
Boxford	Essex	Harwich	Barnstable	Northampton	Hampshire	Tyringham	Berkshire
Boylston	Worcester	Hatfield	Hampshire	Northborough	Worcester	Upton	Worcester
Braintree	Norfolk	Haverhill	Essex	Northbridge	Worcester	Uxbridge	Worcester
Brewster	Barnstable	Hawley	Franklin	Northfield	Franklin	Wakefield	Middlesex
Bridgewater	Plymouth	Heath	Franklin	Norton	Bristol	Wales	Hampden
Brimfield	Hampden	Hingham	Plymouth	Norwell	Plymouth	Walpole	Norfolk
Brocton	Plymouth	Hinsdale	Berkshire	Norwood	Norfolk	Waltham	Middlesex
Brookfield	Worcester	Holbrook	Norfolk	Oak Bluffs	Dukes	Ware	Hampshire
Brookline	Norfolk	Holden	Worcester	Oakham	Worcester	Wareham	Plymouth
Buckland	Franklin	Holland	Hampden	Orange	Franklin	Warren	Worcester
Burlington	Middlesex	Holliston	Middlesex	Orleans	Barnstable	Warwick	Franklin
Cambridge	Middlesex	Holyoke	Hampden	Otis	Berkshire	Washington	Berkshire
Canton	Norfolk	Hopedale	Worcester	Oxford	Worcester	Watertown	Middlesex
Carlisle	Middlesex	Hopkinton	Middlesex	Palmer	Hampden	Wayland	Middlesex
Carver	Plymouth	Hubbardston	Worcester	Paxton	Worcester	Webster	Worcester
Charlemont	Franklin	Hudson	Middlesex	Peabody	Essex	Wellesley	Norfolk
Charlton	Worcester	Hull	Plymouth	Pelham	Hampshire	Wellfleet	Barnstable
Chatham	Barnstable	Huntington	Hampshire	Pembroke	Plymouth	Wendell	Franklin
Chelmsford	Middlesex	Ipswich	Essex	Pepperell	Middlesex	Wenham	Essex
Chelsea	Suffolk	Kingston	Plymouth	Peru	Berkshire	West Boylston	Worcester
Cheshire	Berkshire	Lakeville	Plymouth	Petersham	Worcester	West Bridgewater	Plymouth
Chester	Hampden	Lancaster	Worcester	Phillipston	Worcester	West Brookfield	Worcester
Chesterfield	Hampshire	Lanesborough	Berkshire	Pittsfield	Berkshire	West Newbury	Essex
Chicopee	Hampden	Lawrence	Essex	Plainfield	Hampshire	West Springfield	Hampden
Chilmark	Dukes	Lee	Berkshire	Plainville	Norfolk	West Stockbridge	Berkshire
Clarksburg	Berkshire	Leicester	Worcester	Plymouth	Plymouth	West Tisbury	Dukes
Clinton	Worcester	Lenox	Berkshire	Plympton	Plymouth	Westborough	Worcester
Cohasset	Norfolk	Leominster	Worcester	Princeton	Worcester	Westfield	Hampden
Colrain	Franklin	Leverett	Franklin	Provincetown	Barnstable	Westford	Middlesex
Concord	Middlesex	Lexington	Middlesex	Quincy	Norfolk	Westhampton	Hampshire
Conway	Franklin	Leyden	Franklin	Randolph	Norfolk	Westminster	Worcester
Cummington	Hampshire	Lincoln	Middlesex	Raynham	Bristol	Weston	Middlesex
Dalton	Berkshire	Littleton	Middlesex	Reading	Middlesex	Westport	Bristol
Danvers	Essex	Longmeadow	Hampden	Rehoboth	Bristol	Westwood	Norfolk
Dartmouth	Bristol	Lowell	Middlesex	Revere	Suffolk	Weymouth	Norfolk
Dedham	Norfolk	Ludlow	Hampden	Richmond	Berkshire	Whately	Franklin
Deerfield	Franklin	Lunenburg	Worcester	Rochester	Plymouth	Whitman	Plymouth
Dennis	Barnstable	Lynn	Essex	Rockland	Plymouth	Wilbraham	Hampden
Dighton	Bristol	Lynnfield	Essex	Rockport	Essex	Williamsburg	Hampshire
Douglas	Worcester	Malden	Middlesex	Rowe	Franklin	Williamstown	Berkshire
Dover	Norfolk	Manchester	Essex	Rowley	Essex	Wilmington	Middlesex
Dracut	Middlesex	Mansfield	Bristol	Royalston	Worcester	Winchendon	Worcester
Dudley	Worcester	Marblehead	Essex	Russell	Hampden	Winchester	Middlesex
Dunstable	Middlesex	Marion	Plymouth	Rutland	Worcester	Windsor	Berkshire
Duxbury	Plymouth	Marlborough	Middlesex	Salem	Essex	Winthrop	Suffolk
East Bridgewater	Plymouth	Marshfield	Plymouth	Salisbury	Essex	Woburn	Middlesex
East Brookfield	Worcester	Mashpee	Barnstable	Sandisfield	Berkshire	Worcester	Worcester
East Longmeadow	Hampden	Mattapoisett	Plymouth	Sandwich	Barnstable	Worthington	Hampshire
Eastham	Barnstable	Maynard	Middlesex	Saugus	Essex	Wrentham	Norfolk
Easthampton	Hampshire	Medfield	Norfolk	Savoy	Berkshire	Yarmouth	Barnstable
Easton	Bristol	Medford	Middlesex	Schuata	Plymouth		